



TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
Insulation Certificate

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
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Insulation Certification Before Insulation Inspection		
Permit Number:		
Location of Job Site:		
Contractor Name:		
Address:		
Phone:		
Insulation Information		
<u>Insulation Values and Types</u>		
Wall Value R-	<input type="checkbox"/> Batt	<input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam
Ceiling Value R-	<input type="checkbox"/> Batt	<input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam
Floor Value R-	<input type="checkbox"/> Batt	<input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam
Floor over Garage Value R-	<input type="checkbox"/> Batt	<input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam
<u>Barrier Type Used</u>		
<input type="checkbox"/> Thermal Barrier (Storage)		
<input type="checkbox"/> Ignition Barrier (Equipment Only)		
Certification		
The Contractor hereby certifies the above referenced Insulation Certification is in accordance with the specification established by the International Residential Code, Professional Designer's specifications, and the manufacturer installation instructions.		
_____	_____	_____
Print name	Signature of Contractor/authorized agent	Date